



United States Department of Agriculture

IOZ6746

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental and
Risk Analysis
Services, Unit 149

4700 River Road
Riverdale, MD
20737

August 1, 2014

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated March, April, and May 2014 for the reporting period ending July 31, 2014**

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	3
D-A	3

Details of the incidents (involving the deaths of three domestic dogs, one feral dog, one golden eagle, and one common raven) can be found in the enclosures.

Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301) 851-4001 or e-mail Jeffery.W.Jones@aphis.usda.gov.

Sincerely,

David S. Reinhold
Chief, Environmental and Risk Analysis Services

Enclosures (6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE DA	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/04/2014	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/04/2014	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Nathan Bornsen		TELEPHONE NUMBER 701-397-5834	CONTACT NAME (if Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 4250 21st Avenue NE Larimore, ND 58251			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Ellendate	STATE ND	COUNTY Dickey	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 device activated by non-target species - Domestic Dog
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	TELEPHONE NUMBER 701-250-4405	DATE 03/10/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	TELEPHONE NUMBER 701-250-4405	DATE 03/10/2014

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME domestic dog	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Domestic Dog was killed after activating a M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)

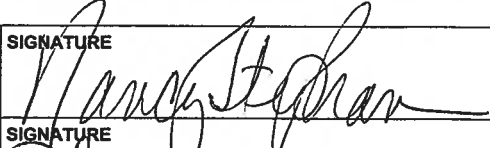
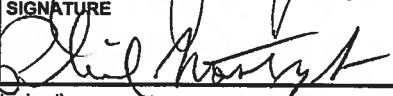
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

ADDITIONAL FACTORS

A neighbor living one mile away was walking her two dogs. She said she came upon the gate to the pasture and said she read the warning sign that I had posted at the gate. She said she proceeded through the gate. When a rabbit ran in front of them one of her dogs chased it over a hill to where the M-44's were set. Her dog unfortunately pulled one of the M-44's. She was very cordial about the situation as she said it was her fault that she continued into her neighbor's pasture after reading the warning signs. She also said that she saw the flags marking each M-44.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 03/10/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 03/10/2014

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 3-12-14	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Randall Rollins		TELEPHONE NUMBER 304 591 2418	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS 1729 Riser Ridge Rd. Walker WV 26180			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Washington	STATE WV	COUNTY WOOD	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Agricultural (cattle) Fenced Hay Pasture Private Property		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]	
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During trap check WT Rollins found dog with collar and no ID. WT Rollins contacted landowner and he did not know owner of dog. Farmer had previously seen this dog and one other dog harassing livestock on his farm. Farmer had been trying to identify dogs owner since that incident.

NAME OF PREPARER Randall Rollins	SIGNATURE <i>Randall Rollins</i>	TELEPHONE NUMBER 304 591 2418	DATE 3-21-14
NAME OF SUPERVISOR Samuel A. Mills	SIGNATURE <i>Samuel A. Mills</i>	TELEPHONE NUMBER 304-546-3015	DATE 3/21/14

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog

BREED (If known)

Boxer

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced Pasture
Grassy Vegetation

ADDITIONAL FACTORS

NAME OF PREPARER

Randall Rollins

SIGNATURE

Randall Rollins

DATE

3-21-14

NAME OF SUPERVISOR

SAMUEL A. MILLS

SIGNATURE

Samuel A. Mills

DATE

3/21/14

WS FORM 160B-R (June 99)

(Local Reproduction Authorized)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-003

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE WB	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/17/2014	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/17/2014	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jeremy Duckwitz		TELEPHONE NUMBER 701-387-4212	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 5435 Hwy 83 SE Moffit, ND 58560			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Lehr	STATE ND	COUNTY Logan	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 device activated by non-target species - Feral Dog

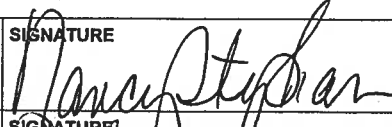
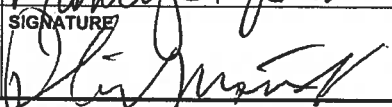
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 04/01/2014
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 04/01/2014

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE

☐ Amphibian
 ☐ Fish
 ☐ Bird
 ☒ Mammal
 ☐ Invertebrate
 ☐ Reptile
 ☐ Plant

"X" ONE

☐ Domestic
 ☒ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Feral Dog

BREED (If known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Feral Dog was killed after activating a M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes
 ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

ADDITIONAL FACTORS

Cooperator told me the hill where I set the M-44's, which was 1 mile away, was plenty far enough to avoid their dog. Cooperator commented that their dog should not have traveled that far from the ranch.

NAME OF PREPARER

Nancy Stephan

SIGNATURE

Nancy Stephan

DATE

04/01/2014

NAME OF SUPERVISOR

Phil Mastrangelo

SIGNATURE

Phil Mastrangelo

DATE

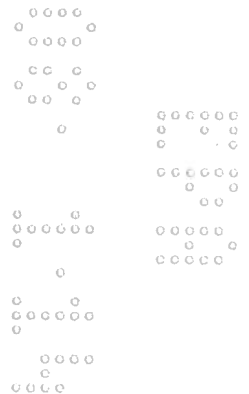
04/01/2014

From: Elliott, Thomas S - APHIS
Sent: Friday, March 21, 2014 4:13 PM
To: Jones, Jeffery W - APHIS
Subject: Incidental take WS Form 160 03-19-14
Attachments: Z. Evans WS Form 160 6(a) 03-19-14.pdf

Categories: Red Category

Please find attached the WS Form 160 Incidental Take report of a Golden eagle. I have notified and working with the USFWS LE Special Agent. I have also notified USFWS Permit branch.

Tom S. Elliott
Wildlife Biologist/ District Supervisor
USDA APHIS Wildlife Services - West Virginia
730 Yokum Street
Elkins, WV 26241
(304) 636-1785
(304) 636-5397 fax
thomas.s.elliott@aphis.usda.gov



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
W-B	03/19/2014		03/19/2014	

EMPLOYEE NAME (To contact for additional information) Zachary P Evans	TELEPHONE NUMBER 304-614-9539	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS PO Box 13 Circleville, WV 26804	ADDRESS
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INCIDENT LOCATION		SOURCE OF INFORMATION
CITY Circleville	STATE WV	COUNTY Pendleton
		<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Ingestion

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Fenced off livestock pasture, Private Property.	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44's were placed on private property, in compliance with use restrictions. Eagle pulled M-44 in fenced pasture. Eagle was recovered by WT Evans upon discovery, and reported to supervisor immediately prior to leaving property.

NAME OF PREPARER Zachary P Evans	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER 304-614-9539	DATE 03/19/2014
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE <i>[Signature]</i>	TELEPHONE NUMBER 304-636-1785	DATE 3/20/14

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME <i>Eagle</i>	BREED (if known) <i>Golden eagle</i>	

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS
Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):
N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)
N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)
N/A

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED
Fenced off livestock pasture. Grassy meadow.

ADDITIONAL FACTORS

NAME OF PREPARER <i>Zachary P Evans</i>	SIGNATURE <i>[Signature]</i>	DATE <i>03/19/2014</i>
NAME OF SUPERVISOR <i>Tom S. Elliott</i>	SIGNATURE <i>[Signature]</i>	DATE <i>3/20/14</i>

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 3-24-14	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jason Rhodes		TELEPHONE NUMBER 304-591-2417	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS 730 Yokum St Elkins WV 26254			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Buchannon	STATE WV	COUNTY Upshur	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Agricultural (cattle)
Fenced wooded pasture edge

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)			

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During trap check WT Rhodes found a dog with a collar but no I.D. tags. WT Rhodes spoke with the farmer to inform him of the incident. The farmer did not know the owner but has made an effort to locate them. WT Rhodes also attempted to ask neighbors but was unable to contact them.

NAME OF PREPARER Jason Rhodes	SIGNATURE <i>Jason Rhodes</i>	TELEPHONE NUMBER 304-591-2417	DATE 3-31-14
NAME OF SUPERVISOR Tom Elliott	SIGNATURE <i>Tom Elliott</i>	TELEPHONE NUMBER 304-636-1785	DATE 3/31/14

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME <u>Dog</u>	BREED (If known) <u>Beagle Mix</u>
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced wooded pasture edge

ADDITIONAL FACTORS

NAME OF PREPARER <u>Jason Rhodes</u>	SIGNATURE <u>Jason Rhodes</u>	DATE <u>3-31-14</u>
NAME OF SUPERVISOR <u>Tom S. Elliott</u>	SIGNATURE <u>Tom S. Elliott</u>	DATE <u>3/31/14</u>

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-8	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT	ES USE ONLY REPORT NUMBER
	<input checked="" type="checkbox"/> New 03-31-14	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Chad Neil		TELEPHONE NUMBER (304) 591-2455	CONTACT NAME (If Non-APHIS)	
DUTY STATION ADDRESS 487 Laurel Dale Rd Keyser, WV 26726		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY MT. STORM	STATE W.V	COUNTY Grant	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Agricultural (sheep) Fenced pasture private property	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

during the trap check W.C. Neil found the raven approx. 5 feet from M-44. The Raven had pulled + ingested sodium cyanide.

NAME OF PREPARER Chad Neil	SIGNATURE <i>Chad Neil</i>	TELEPHONE NUMBER (304) 591-2455	DATE 04-4-14
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE <i>Tom S. Elliott</i>	TELEPHONE NUMBER 304-636-1785	DATE 4/7/14

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OF ACRES AFFECTED
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SPECIES COMMON NAME <i>Raven</i>	BREED (if known) <i>Common Raven</i>
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced pasture / grassy vegetation

ADDITIONAL FACTORS

NAME OF PREPARER <i>Chad Neil</i>	SIGNATURE <i>Chad Neil</i>	DATE <i>04-4-14</i>
NAME OF SUPERVISOR <i>Tom S. Elliott</i>	SIGNATURE <i>Tom S. Elliott</i>	DATE <i>4/7/14</i>